NAME OF DOG:

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| **PERSONAL INFORMATION** |
| Name: |  | DOB: |  |
| Street Address:  |  |
| City, State, Zip: |  |
| Driver's License: |  | State: |  |
| E-mail: |  |
| Best Contact Phone: |  [ ]  home / landline [ ]  mobile [ ]  work |
| **LIVING ARRANGEMENTS** |
| [ ]  Own Home [ ]  Rent Home [ ]  Rent Apartment or Condo/Townhome [ ]  Mobile Home [ ]  Other:  |
| If renting, landlord's name & phone: |
| Do you have a fenced-in yard or patio: [ ]  Yes [ ]  No Type of fence (material of construction, height, etc.):  |
| Are there any slats/openings that could allow a small dog to get in/out: [ ]  Yes [ ]  No  |
| Please list all persons living with you: [ ]  None |
| Name: | Age: | Relationship: |
| Name: | Age: | Relationship: |
| Is everyone in your home agreeable to having a foster at home? [ ]  Yes [ ]  No  |
| **EXISTING ANIMALS IN HOME** |
| Please list all animals living with you: [ ]  None  |
| Name: | Age: | Breed: | Vaccinated?[ ]  yes [ ]  no  | Spayed / Neutered?[ ]  yes [ ]  no  |
| Name: | Age: | Breed: | Vaccinated?[ ]  yes [ ]  no  | Spayed / Neutered?[ ]  yes [ ]  no  |
| Name: | Age: | Breed: | Vaccinated?[ ]  yes [ ]  no  | Spayed / Neutered?[ ]  yes [ ]  no  |
| Veterinarian Name and Phone: |

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| Hours per day that foster(s) will be left alone: |
| During the week:  | [ ]  less than 4 hours [ ]  4-8 hours [ ]  8-10 hours [ ]  more than 10 hours |
| During the weekend:  | [ ]  less than 4 hours [ ]  4-8 hours [ ]  8-10 hours [ ]  more than 10 hours |
| While left alone, foster(s) will be:  |
| [ ]  individual crate [ ]  shared crate [ ]  in a restricted area of home [ ]  free to roam entire house [ ]  other (please explain):  |
| Do you understand that sometimes a complete history and temperament of a rescue dog may not be known?[ ]  yes [ ]  no [ ]  I only want to foster a dog with a known history |
| Are you willing to work with us to correct any possible behavior problem?[ ]  yes [ ]  no [ ]  I only want to foster a dog with no problems |
| Behaviors that I am willing to work on: [ ]  house-training [ ]  resource guarding (toys, food, attention) [ ]  anxiety [ ]  fear of people[ ]  fear of dogs [ ]  crate-training [ ]  losing weight / gaining weight [ ]  dispense medication[ ]  birthing puppies [ ]  medical care [ ]  rearing puppies [ ]  Other      |
| Do you have any travel plans or foresee any changes in your schedule (starting school, moving, changing jobs, etc.) in the near future that may impact your ability to care for your foster animal(s)?  [ ]  yes [ ]  no  |
| Do you have any concerns about fostering? If so, please explain: |
| By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a foster, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Friends Furever Animal Rescue, Inc. (FFAR) shall be held harmless from and against any and all claims and damages of every kind, for injury to any person or persons and for damage to or loss of property, arising out of or attributed to, directly or indirectly, the operations or performance of the above named volunteer under this agreement, including claims and damages arising in whole or part from the negligence of Friends Furever Animal Rescue. I agree to notify a FFAR member of any injuries such as illness, escapes, injuries, or any concerns pertaining to my foster as soon as possible.**This pet is the sole property of FFAR during the foster period.** **The pet can be repossessed from the foster at any time.** |
| Signature | Date |

This organization provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability. Thank you for your interest in volunteering with us.